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1.0 Description of the Procedure

Circumcision is the surgical removal of all or part of the prepuce of the penis. Excision of penile post-circumcision adhesions is the surgical release of adhesions resulting from a previous circumcision procedure. Lysis of adhesions can also be accomplished through foreskin manipulation and stretching. Repair of an incomplete circumcision is the surgical removal of excessive residual prepuce after a previous circumcision procedure.

2.0 Eligible Recipients

2.1 General Provisions

Medicaid recipients may have service restrictions due to their eligibility category that would make them ineligible for this service.

2.2 EPSDT Special Provision: Exception to Policy Limitations for Recipients under 21 Years of Age

42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid recipients under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination** (includes any evaluation by a physician or other licensed clinician). This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems. Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the recipient's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the recipient's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure

- a. that is unsafe, ineffective, or experimental/investigational.
- b. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and/or other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service,

product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

****EPSDT and Prior Approval Requirements**

- a. If the service, product, or procedure requires prior approval, the fact that the recipient is under 21 years of age does **NOT** eliminate the requirement for prior approval.
- b. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the Basic Medicaid Billing Guide, sections 2 and 6, and on the EPSDT provider page. The Web addresses are specified below.

Basic Medicaid Billing Guide: <http://www.ncdhhs.gov/dma/medbillcaguide.htm>

EPSDT provider page: <http://www.ncdhhs.gov/dma/EPSDTprovider.htm>

3.0 When the Procedure Is Covered

IMPORTANT NOTE: EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

3.1 General Criteria

Medicaid covers circumcision, excision of post-circumcision adhesions, foreskin manipulation including lysis of preputial adhesions and stretching, and repair of incomplete circumcision when the procedure is medically necessary and

- a. the procedure is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
- c. the procedure is furnished in a manner not primarily intended for the convenience or non-medically indicated desire of the recipient, the recipient's caretaker, or the provider.

3.2 Medically Necessary Circumcision

3.2.1 Medically Necessary Circumcision for Newborns

Medicaid covers medically necessary circumcision for newborns. The conditions justifying medical necessity are extremely rare (i.e., certain congenital obstructive urinary tract anomalies, neurogenic bladder, spina bifida, or urinary tract infections) and are subject to individual review.

Note: “Newborn” is interpreted as the first 28 days of life.

3.2.2 Medically Necessary Circumcision for Non-Newborns

Medicaid covers circumcision for recipients beyond the newborn period only when the procedure is medically necessary. Examples of medical necessity for non-newborn circumcision include, but are not limited to, the following conditions:

- a. Young males with a documented prior history of recurrent urinary tract infections
- b. Males with documented vesicoureteral reflux of at least a Grade III
- c. Paraphimosis
- d. Recurrent balanoposthitis
- e. True phimosis causing urinary obstruction, hematuria or preputial pain for recipients ages 6 and older. True phimosis is defined as pathological scarring of the tip of the prepuce preventing sufficient retraction of the prepuce to visualize the meatus and does not include congenital or acquired preputial adhesions to the glans proximal to the meatus.
- f. Secondary or acquired phimosis causing urinary obstruction, hematuria or preputial pain unresponsive to medical therapy
- g. Condyloma acuminatum
- h. Malignant neoplasm of the prepuce

3.3 Lysis or Excision of Penile Post-Circumcision Adhesions

Medicaid covers lysis or excision of penile post-circumcision adhesions when medically necessary.

When adhesions are severe enough to require anesthesia or analgesia stronger than topical analgesia and an instrumented release under sterile conditions, it is appropriate to bill CPT 54162.

If adhesions require only foreskin manipulation, including lysis of preputial adhesions and stretching, then CPT 54450 is the more appropriate code.

3.4 Repair of Incomplete Circumcision

Medicaid covers the repair of incomplete circumcision when excessive residual prepuce remains after a previous medically necessary circumcision.

4.0 When the Procedure Is Not Covered

IMPORTANT NOTE: EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient’s health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

4.1 General Criteria

Circumcision is not covered when:

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure unnecessarily duplicates another provider's procedure; or
- d. the procedure is experimental, investigational, or part of a clinical trial.

4.2 Routine Newborn Circumcision

The N.C. Medicaid program does not cover routine or elective newborn circumcision. N.C. state law prohibits the N.C. Medicaid program from reimbursing for ritualistic, religious, and routine newborn circumcision.

4.3 Non-Covered Diagnoses for Newborn Circumcision

The following diagnosis codes do not indicate medical necessity for newborn circumcision and are, therefore, not covered:

- a. V30.0 through V39.2—Live newborn
- b. V50.2—Routine or ritual circumcision
- c. 605—Redundant prepuce and phimosis: adherent prepuce, congenital phimosis, paraphimosis, tight foreskin
- d. V20.1—Other healthy infant or child receiving care
- e. V20.2—Routine infant or child health check

Note: This list is not all inclusive.

5.0 Requirements for and Limitations on Coverage

IMPORTANT NOTE: EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

5.1 Prior Approval

Prior approval is not required; however, circumcision procedures billed to Medicaid for newborn circumcisions are subject to post-payment review.

5.2 Limitations

The following procedures, when medically necessary, are covered only once per lifetime.

- a. Circumcision
- b. Repair of incomplete circumcision

5.3 Documentation

Medical documentation supporting medical necessity must be available to the Division of Medical Assistance or its contractual agents upon request.

When providing a medically necessary post-circumcision procedure (refer to **Sections 3.3** and **3.4**), the date of the original circumcision must be noted in the medical record.

6.0 Providers Eligible to Bill for the Procedure

Providers who meet Medicaid's qualifications for participation and are currently enrolled with the N.C. Medicaid program are eligible to bill for circumcision and/or post-operative care when the procedure and/or post-operative care is within the scope of their practice.

7.0 Additional Requirements

Anesthesia or analgesia stronger than topical analgesia must be provided during the procedure when it is determined that a recipient meets medical necessity criteria for any of the following:

- a. Circumcision
- b. Lysis or excision of penile post-circumcision adhesions (54162)
- c. Repair of incomplete circumcision

Anesthesia or analgesia stronger than topical analgesia may not be necessary for foreskin manipulation including lysis of preputial adhesions and stretching (54450).

8.0 Policy Implementation/Revision Information

Original Effective Date: November 1, 2001

Revision Information:

Date	Section Revised	Change

Attachment A: Claims-Related Information

Reimbursement requires compliance with all Medicaid guidelines, including obtaining appropriate referrals for recipients enrolled in the Medicaid managed care programs.

A. Claim Type

1. Professional (CMS-1500/837P transaction)

Physicians, nurse practitioners, health departments, and ambulatory surgery centers enrolled in the N.C. Medicaid program bill services on the CMS-1500 claim form.

2. Institutional (UB-04/837I transaction)

Hospital providers bill services on the UB-04 claim form.

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

C. Procedure Code(s)

Circumcision	54150, 54160, 54161
Lysis or excision of adhesions	54162
Foreskin manipulation, including lysis of preputial adhesions and stretching	54450
Repair of incomplete circumcision	54163

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Place of Service

Inpatient Hospital
Outpatient Hospital
Ambulatory Surgery Center
Physician's Office

F. Reimbursement Rate

Providers must bill their usual and customary charges.